Data Standards Subcommittee Montana Criminal Justice Information Services Project Data Usage Survey

Please complete the form, including your name and contact information, and e-mail or fax the form to:

Fax: Wilbur Rehmann, Montana DOJ, (406) 444-0689

E-mail: wrehmann@state.mt.us

Phone: (406) 444-6194

Instructions: Please check each of the data items used by your agency for the fingerprint card, MANS Sheet, and Notice to Appear and Complaint/Citation. Data is "used" by your agency if it is created, retrieved, updated or deleted during the course of your agency's business. If you presently share specific data with other agencies, or if you would like to receive any data from other agencies, please use the comment section to provide this information as well as any other comments. Thank you for your assistance.

Name	
Telephone	
Agency	
Date	

	Used by				
Data/Data Group	Agency	Comments (optional)			
FINGERPRINT CARD					
Juvenile card indicator					
Date of Arrest					
ORI					
Contributor Address					
Reply Request Checkbox					
Send Copy to Checkbox					
Date of Offense					
Place of Birth					
Citizenship					
Misc. Numbers					
Scars/Marks/Tattoos					
Address					
Name of Official Taking Prints					
Local Identification Number					
Photo/Palm Prints Checkbox					
Employer					
Occupation					
Charge/Citation					
Disposition					
Additional Info/Basis for Caution					
Additional Info (if needed)					
State Bureau Stamp					
State Usage, Fingerprint Information					
Name of Person Fingerprinted					

	Used by	
Data/Data Group	Agency	Comments (optional)
Aliases/Maiden	rigerey	Commence (optional)
Social Security No.		
FBI No.		
State Identification No.		
Person Descriptors (sex, race, etc.)		
Date of Birth		
FOR APPLICANT CARDS:		
Armed Forces No.		
Employer Address		
Reason Fingerprinted		
MANS NUMBER FORM (Gr	een Sheet	<u> </u>
MANS Number	Cen Sheet	
Name of offender		
Aliases		
Contributor ORI		
OCA OCA		
FBI No.		
SID No.		
Sid No. Social Security No.		
Country of Citizenship		
Alien Registration #		
Date of Birth		
Physical Descriptors	1	
Place of Birth	1	
Date Arrested or Received		
Last Known Address		
Signature of information provider Caution		
Signature of person fingerprinted Date (form) Received		
File Number		
Statute Code Charge Counts		
Action Taken		
Signature of CA/Clerk/Judge		
Final Statute Code		
Counts		
Disposition Signature of Clark of Court		
Signature of Clerk of Court		
Dismissed Date		
Left Thumb Fingerprint	COLER	A PARTICULE A TRACAY
NOTICE TO APPEAR AND	COMPLA	MIN I/CITATION
State, County or City Indicator		
Defendant Name		
Address		
Vehicle License No. and State		
Vehicle Make/Color/Year/Model		
Vehicle Type Checkboxes		
Home Phone		
Business Name		
Business Phone		

D / D / C	Used by	
Data/Data Group	Agency	Comments (optional)
Physical Indicators (sex, weight, etc.) Driver License No.		
Driver License No. Driver License State		
Driver License Expiration DOT or ICC #		
Name of Court in which to Appear		
(checkboxes)		
Date of Appearance		
Violation Type (checkboxes)		
Violation Code		
Code Section		
Date of Offense		
Offense		
Location of Offense		
Location Code		
Uniform Violation Code		
Signature of Judge or Notary		
Employee ID #		
BA Test Given		
Crash Checkbox		
Aircraft Checkbox		
Detach #		
Radar #		
Total Appearance Bond Received		
Docket Number		
Officer Signature		
NEW ITEMS ON REVISED NT.	A/COMPI	LAINT/CITATION FORM (check if these will be
used)		
D or N		
Felony Checkbox		
Search Consent/Denied/Warrant		
Checkboxes		
BA Test Refused		
ID#		
Det #		
Reservation #		
Traffic Stop Information		
Supervisor Review Signature		